

## **Breast Cancer: Your Need-To-Know Guide**

**By Tracey Porpora**

While there have been major strides made in the fight against breast cancer, the battle is far from over. The number of women who will be diagnosed this year with breast cancer is estimated to be 182,460, and 40,480 women will likely die from the disease in 2008, according to the American Cancer Society (ACS). However, with the greater use of innovative screening tools, such as digital mammography and Breast MRI, more cancers are being caught in the “early stage.” In fact, ACS findings reveal that the rates for female breast cancer dropped substantially from 2001 through 2004. In our annual breast cancer update, CW presents the essential facts to keep you informed.

“What women need to know about breast cancer is that if it’s caught early, it’s a curable disease,” says Dr. Rachel F. Brem, director of the Breast Imaging and Interventional Center, and professor of radiology at George Washington University Medical Center in Washington, DC. “Breast cancer is not a death sentence. Caught early, the survival rate is 95%.”

With more effective screening tools available, women in their 20s, 30s and 40s need to arm themselves with the best information possible in order to help reduce their risk of contracting breast cancer. “The utilization of digital mammography has become more widely available,” says Dr. Marisa Weiss, president and founder of Breastcancer.org. “Mammography is the only proven early detection method of screening for breast cancer. It can detect cancer early, and save lives. Digital mammography is superior over film mammography for women of any age who have dense breasts, are under age 50, have breast augmentation implants, or are at-risk for breast cancer.”

## **Women In Their 20s:**

**What You Should Know:** While your breast cancer risk increases with age, women in their 20s are not immune from this disease. According to the ACS, Surveillance Epidemiology and End Results (SEER) data, 5.4% of breast cancer diagnoses are in women under age 40, which in 2008 equates to about 9,850 cases this year. In 2005--the most recent year for which actual numbers of deaths are available--about 1,170 women under age 40 died from breast cancer.

“Young women in their 20s should never let any physician dismiss a breast mass until it’s completely evaluated. The knee jerk reaction can be, ‘You’re not old enough to have breast cancer,’” says Dr. Elizabeth Poynor, a gynecological oncologist with a private practice, Poynor Oncology and Pelvic Surgery in New York City, who formerly worked at Memorial Sloan-Kettering Cancer Center in New York City for 14 years. “Get a sound opinion until a mass is evaluated to your satisfaction by an expert radiologist, and someone who is comfortable with the management of breast masses.”

**Breakthroughs:** A study was published in the New England Journal of Medicine a few years ago that concluded that digital mammography is more effective than its film counterpart. While it has been reported that there are more “call backs” on mammographies taken digitally, many medical experts in the field say this will likely change as radiologists get used to the new technology.

Meanwhile, other viable tests, such as Breast MRI, also are being used to screen women for breast cancer. “The problem with screening younger women for breast cancer is that mammography lacks sensitivity because breasts are dense in this population,” says

Poynor. “Breast MRI was recently FDA approved as a screening tool for women with an elevated risk of developing breast cancer.”

**Ways To Reduce Your Risk:** Your best method of defense at this age is self-breast exams, which should be performed monthly after your period when your breasts are least tender and lumpy, as well as yearly breast exams by a gynecologist, says Brem. Reduce your risk of breast cancer includes living a healthy lifestyle: eat organic foods, exercise regularly, and stay as close as possible to your ideal weight, and don’t drink or smoke, explains Weiss. “What women do in their 20s is going to affect their health in their 30s, 40s, 50s and up,” says Dr. Ruth Oratz, clinical associate professor of medicine at New York University School of Medicine.

**Options For At-Risk Women:** The at-risk population includes women who have a first-degree relative with breast cancer, a breast cancer gene abnormality, or if you’ve received radiation treatment for Hodgkin’s disease as a youngster, said Weiss. “At-risk women should be followed by a breast specialist to coordinate follow-up care, which may include Breast MRI scanning, ultrasound and mammography at some point,” she said.

“Ultrasound is another tool used to evaluate someone who has come in with a palpable mass.” For women who have the genetic mutation gene, it’s recommended that they start having yearly mammographies at age 25,” says Brem. “Of women who are BRCA1 or BRCA2 positive, 80% will develop breast cancer in their life, and 50% will get breast cancer by the age of 50. This group is the only one who should be getting annual imaging in their 20s,” she adds.

### **Women In Their 30s:**

**What You Should Know:** If you have a first-degree relative--a mother or sister--who has breast cancer, you should start having a mammography five to 10 years earlier than the age at which that relative contracted the disease. "If there is a mother who had premenopausal breast cancer at age 45, then I recommend her daughters start mammograms at, at least 35-years-old," said Dr. S. David Nathanson, director of breast services in the Department of Surgery at Henry Ford Health System in Detroit, MI, and author of *Ordinary Miracles: Learning from Breast Cancer Survivors* (Praeger Publishers, \$49.95).

**Breakthroughs:** There is a fairly new technology called Breast Specific Gamma Imaging, which is a good screening tool for women with breast cancer. "The technology is for women with a newly-diagnosed breast cancer to look for other breast cancer, much like MRI does," says Brem. "This is a very exciting, emerging technology that is being used as a problem solving tool to make sure there aren't other cancers in a woman with a newly diagnosed cancer, and to screen high-risk women."

**Ways To Reduce Your Risk:** Continue self-breast exams, yearly breast exams by your gynecologist, and the healthy lifestyle that you've begun in your 20s. "For women in their 30s, they should have 30 minutes of aerobic activity at least three times a week," recommends Oratz. If you drink alcohol, take extra foliate. "Taking foliate will wipe out the increased risk that wine presents," says Brem.

**Options For At-Risk Women:** Women in this category should continue to work on an individualized course for screening developed by a breast specialist, which likely will include regular Breast MRIs, ultrasounds and/or mammographies. Many breast cancer experts also recommend increased breast exams for the at-risk population. “We recommend women who are at an elevated risk have breast exams by their physicians twice a year, rather than once a year,” says Nathanson.

Women also shouldn’t ignore a family history of ovarian cancer. “About 50% of hereditary breast cancer will be linked to a BRCA1 or BRCA2 mutation, those genes also predispose you to ovarian cancer,” says Poynor.

#### **Women In Their 40s:**

**What You Should Know:** At age 40, and for every year for the rest of your life you should have a mammography. “Your risk of breast cancer continues to increase throughout your life,” says Brem. “Even more than the facility where you go for a mammogram, take responsibility to know who is reading your results. It’s optimal to go to someone who devotes a good deal of their practice to breast imaging. When you do something more frequently, you’re better at it.”

**Breakthroughs:** “We’re doing an enormous amount of research in breast cancer. For the first time in many years, we’re seeing mortality rates in breast cancer decline,” says Oratz. “We’ve also learned that all breast cancer isn’t the same. Some forms of breast cancer are relatively slow growing. In addition to diagnosing a cancer early, we also really want to know the biology of that cancer.” She noted that new technology, Oncotype DX , allows physicians to analyze the DNA and RNA inside tumor cells of

patients with breast cancer. “This gives us an indication of how likely it is that this cancer will reoccur,” says Oratz.

In addition, there are other other screening tools in development, such as Digital Tomosynthesis. “With mammography you take one picture in one direction, and another in the other direction,” explains Weiss. “With digital tomosyntheiss you look at slices of the breast in each of two directions. You’re not just taking one look from right to left, and top to bottom.” While Digital Tomosynthesis is still being studied, this technology is hoped to be utilized soon to detect breast cancer.

**Ways To Reduce Your Risk:** In addition to a yearly mammography, it’s important to continue self breast exams, and continue a healthy lifestyle and diet.

**Options For At-Risk Women:** More women in their 40s will find themselves in the at-risk group because this is when they may become five to 10 years younger than their first-degree relative with breast cancer, says Brem. “Mammography is still the yard stick by which breast cancer is screened, but since the ACS came out with recommendations for Breast MRI, we also recommend MRI every year,” says Nathanson. “At our institution, we have our [high risk] patients have a mammogram each year, then six months later have an MRI.”

## **Reconnecting With Three Very Complete Women**

**Tracey Porpora**

For the last three years CW has followed three women who contracted breast cancer in their 20s and 30s, and chronicled their battle with the disease. This year, when we checked in with the women, each was still waging her own war against breast cancer, and in the process, inspiring and touching the lives of many. At press time we received a call that Candice went to the hospital with fluid and a blood clot in her lung and died in her sleep peacefully...

**Lisa Barry Kerouac, 40, Associate Director of Admissions at DePaul University**

**What have you been through?** Lisa Barry Kerouac learned she had breast cancer at age 34. Her first bout with breast cancer consisted of a grueling treatment that included the removal of a 5-centimeter lump from her right breast and 15 of her lymph nodes, chemotherapy and radiation, followed by treatment with Tamoxifen, a preventative cancer medication. In 2007, Lisa learned that what she thought was her asthma acting up was really breast cancer that had metastasized in the lining of her lungs. To prevent her estrogen-fed cancer from spreading, Lisa had a complete hysterectomy in February, 2007 and began hormonal therapy. Lisa soon underwent surgery to stop fluid from forming in her lungs, and began an oral chemotherapy. "It's been a rollercoaster ride since the summer. With cancer, you measure tumor markers, which can give some indication of the presence of cancer, and cancer growth," she says. "Up until March, my tumor markers had been climbing, but at the same time there wasn't proof of any visible signs of the cancer spreading or growing. I spent a large portion of my summer, fall and winter making sure the cancer hadn't spread. Right now, my condition is stable."

**What are you doing to fight the breast cancer?** "I'll always have to be on a form of hormonal therapy," says Lisa. "In my personal life I've learned not to put things off; I

take advantage of every moment. One difficult lesson I learned this winter was, ‘I can’t do it all.’ I can’t work full-time, attempt to take care of myself, be present in my marriage, and with family and friends at the same time.”

**What has been your greatest challenge?** “ My greatest challenge has been trying to be optimistic, but realistic,” she says. “I’ve learned you can’t always let the cancer win. I’ve learned you can live with a terminal or chronic disease, and it doesn’t always have to be in the forefront of everything that you do. We’ve [Lisa and her husband, Ed] had to learn to make the most out of each day.”

**How has your life changed in the last three years?** “The biggest change is that I’m not doing this journey alone. I have somebody by my side, and I can’t imagine doing this--this last year and a half in particular--without my husband here,” she says of the love of her life, Ed Kerouac, a cancer survivor himself, who proposed to her at the finish line of the September, 2005 Chicago Breast Cancer 3-Day, sponsored by the Susan G. Komen Breast Cancer Foundation. They tied the knot on April 23, 2006. “He’s willing to walk this journey with me step-by-step; it’s pretty powerful.”

**How are you making a difference in the lives of people you know?** “I think I’ve helped redefine what it means to be a strong woman, and define the concept of living gracefully,” says Lisa. “There has to be a reason this is my journey, and there has to be something good that comes out of it. *(To learn more about Lisa, and her battle with breast cancer visit: [www.caringbridge.org/visit/LisaKerouac](http://www.caringbridge.org/visit/LisaKerouac))*

**Stacey Peters, 34, American Cancer Society Health Initiatives Manager**

**What have you been through?** After finding a lump on her breast when she was 24-years-old, Stacey Peters was diagnosed with Stage II breast cancer. Although treatments of a lumpectomy to remove the malignant 2.7-centimeter tumor, chemotherapy and radiation were successful, one year after her diagnosis Stacey learned the cancer had spread to her liver. More treatment with chemotherapy and a stem cell transplant followed, but the cancer returned to her liver and both breasts in Oct. 2004. She was treated with a drug called Herceptin, which helps the immune system fight cancer. Then, nearly one year later, in late September 2005, Stacey learned the cancer had spread to her brain. She was treated in October 2005 with Gamma Knife Stereotactic Radiosurgery, which allows for an intense focused radiation treatment. However, Stacey's liver lesions started to grow, so she began hormonal therapy treatments of Femara and Faslodex in 2007. "Things have progressed, so I'm not on the hormonal therapy anymore. I'm on a chemotherapy called Xeloda," she says. "I'm also on a drug called Tykerb. This is a newer drug, which has kept everything stable since summer, 2007."

**What are you doing to fight the breast cancer?** In addition to taking chemotherapy to prevent the cancer from growing, Stacey has dedicated her life to helping other women with breast cancer. "One of the first things I decided I would do after I was diagnosed was to help other women with breast cancer," she says. "If I can help make someone's journey a little easier, then it makes everything else I have to go through worthwhile. To be able to help someone, helps me hopefully as much as it helps them. I get a lot out of it as well."

**What has been your greatest challenge?** "It's been hard for me to set long-term personal goals because I never know how long I'll be on treatments. I tend to schedule

activities or anything major in my life in three month increments,” she says. “Thinking five or 10 years down the road is difficult for me.”

**How has your life changed in the last three years?** After being diagnosed with breast cancer, Stacey married her high school sweetheart, Eric, in 2003. “In the last three years I have tried to live my life to the fullest,” she says. “I have two new nephews, and I spend a lot of time with them; I adore them both.”

**How are you making a difference in the lives of people you know?** “At the American Cancer Society we do a lot of education about prevention of cancer through nutrition and physical activity. We help a lot of other patients through our patient navigation program. Whether a patient needs transportation, information or just to talk to someone, we work very hard to make sure those patient needs are all addressed,” says Stacey. “I also volunteer for ‘Y-Me’ as a support group facilitator for young women in their 20s and 30s with breast cancer. Whether it’s someone who was diagnosed themselves, or someone who knows someone who has breast cancer, I listen to their concerns, and let them know I’ve been through something similar. If you take it day-by-day, things tend to work out, and they don’t seem so overwhelming.”

### **Candice Jaeger, 32, Mother**

**What have you been through?** Since the age of 24, Candice Jaeger has had repeated bouts of breast cancer. But with a strong will to survive, this mother of an eight-year-old daughter refuses to give up hope—even when we interviewed her for our story the cancer had spread significantly throughout her body. Candice passed away July 17. This was our last interview with her for CW. Our thoughts and prayers are with her family and friends.

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After being diagnosed with Stage IIIA breast cancer, Candice had a mastectomy and the removal of 16 lymph nodes. After extensive chemotherapy and radiation treatments, she was cancer-free for almost two years. However, the disease spread to her lower backbone, liver and left hipbone. Next, it spread to her groin area, and again to her spine and sacrum. Chemotherapy and Intense Modulated Radiation Therapy (IMRT) targeted the source of the cancer in her sacrum: Candice found herself in remission in December 2005. However, it was short lived—a month and a half later Candice found out she had cancer “hot spots” on her spine again, and also on her ribs. In June, 2006, she had her ovaries removed because her cancer is fed by estrogen. In August of 2006, Candice started a chemotherapy called Doxil. An MRI had revealed her breast cancer had spread yet again: three tumors had formed in her brain. In November, 2006, she underwent Gamma Knife Stereotactic Radiosurgery to shrink the tumors, and as a result her brain tumors significantly decreased in size.

But her war with breast cancer wasn't over. After experiencing a pain in her chest in the early part of 2007, Candice learned the cancer had spread to her sternum, and there were more spots on her ribs. To treat her new bout, in March 2007 she started a very strong chemotherapy administered through an IV called Abraxane. Soon after that, doctors discovered another tumor on her cerebellum. “Since last year, I've experienced a lot of setbacks with a few small victories in my battle with breast cancer,” says Candice.

Soon, Candice began experiencing more pain in her hip, back and head. “After several MRIs and CT scans, I was strongly encouraged by my doctors to have hip replacement surgery to help ease the pain. Otherwise, there was a possibility that I would never walk again. In March of 2008, I underwent hip replacement surgery,” shares

Candice. “I then found out that the cancer had metastasized further in my bones, and was in my spinal fluid. The brain tumor started pressing on my cerebellum, which caused paralysis on the left side of my face. The paralysis affected my ability to speak and eat. Although the doctors said there wasn’t anything more they could do, my radiation oncologist suggested I try 15 rounds of radiation to help ease the pain and pressure I was feeling.”

**What are you doing to fight the breast cancer?** Determined to be at home with my family, I prayed that the radiation with pain management would provide a better quality of life,” says Candice. “Today, even though I’m still hooked up to an IV and taking pain medications, I’m able to speak more clearly, and the pain of my headaches have significantly reduced.”

While doctors have said Candice’s last radiation treatments in May should be her last, she continues to fight the cancer that has invaded her body. “Through mind, body and spirit I’m able to continue my fight against breast cancer. Additionally, with the support of my husband, daughter, family and friends I have gained the strength and support I need to stay focused.”

**What has been your greatest challenge?** “I’m challenged not being able to have some control over what tomorrow may or may not bring. This weighs heavily on my mind, especially not being able to plan a future with my husband and daughter,” says Candice.

**How are you making a difference in the lives of people you know?**

“I truly believe with the combination of modern medicine, good doctors, a good attitude and the ability to pay attention to your body, you can live a long life. But you really have to be present, and accept all of it,” says Candice. “If I can help save one more life by simply sharing my story, then I was a good teacher.”

*(To learn more about Candice, and her battle with breast cancer visit:*

*[www.caringbridge.org/visit/CandieJaeger](http://www.caringbridge.org/visit/CandieJaeger))*

Lets give these ladies a round of applause for sharing their very brave and motivational stories. Here's to you, Lisa, Stacey and Candice, and all the very complete women out there, win or lose. Fighting the fight. *Our brave sisters.*